As of June 4 2019, the Nova Scotia College of Nursing (NSCN) was formed to regulate licensed practical nurses (LPNs), registered nurses (RNs) and nurse practitioners (NPs) on behalf of the public, replacing the former College of Licensed Practical Nurses of Nova Scotia (CLPNNS) and College of Registered Nurses of Nova Scotia (CRNNS) (the "legacy Colleges").

Although the information in this document reflects our most current information about this topic, you will notice the content refers to the previous relevant legislation and the legacy College that published this document prior to June 4, 2019.

We appreciate your patience while we work towards updating all of our documents to reflect our new name, legislation and brand.

If you have additional questions about this document, please contact a NSCN Practice Consultant at practice@nscn.ca.

Introduction

The College of Registered Nurses of Nova Scotia (CRNNS) believes that establishing and maintaining quality practice environments (QPEs) where ever nursing care is provided is key to maximizing client care outcomes (Aiken et al., 2012; Hepp et al., 2014; International Council of Nurses (ICN), 2007; Warshawsky & Havens, 2011).

A QPE is one in which registered nurses[1] (RNs) are able to provide safe, compassionate, competent and ethical nursing care with sufficient organizational and human supports (CNA, 2010). In a QPE, RNs are engaged, have role clarity, have strong intra and inter professional collaboration, are autonomous, work to their full scope and support practices to ensure a healthy workplace (Excellence Canada, 2016; CRNNS, 2014; ICN, 2007). Creating and maintaining these environments is a responsibility that RNs share with government, employers, nursing organizations, stakeholders, and team members.

Maintaining quality client care in an evolving health care system with limited resources is challenging. The establishment of a QPE and a healthy workplace have been shown to be cost effective ways to improve client outcomes in today's healthcare climate (Aiken et al., 2012; Excellence Canada, 2016; ICN, 2007).

Influences on a Quality Nursing Practice Environment

Six key factors have been identified that support the establishment and maintenance of a QPE. These factors are workload management, leadership, control over practice and work life, professional development, organizational support, and communication and collaboration (Association of Registered Nurses of Newfoundland (ARNNL), 2013).

These factors are all interrelated and support the three elements of a quality and healthy workplace: health and lifestyle practices, a supportive workplace culture and safe physical environment (Excellence Canada, 2016).

1. WORKLOAD MANAGEMENT - Resource allocation is sufficient to enable the RN to provide safe, quality and ethical care (ARNNL, 2013; CRNNS, 2011). This can be supported through the model of care implemented within the work environment. Determining the optimal use of health care staff in ways that best supports the RN and other members of the health care team can enable nurses to practice to their optimal scope.

2. LEADERSHIP - Leadership is a key element in establishing QPEs and healthy workplaces (ARNNL, 2013; CNA, 2010; and Excellence Canada, 2016). Demonstrating leadership is an aspect of every RN's role (CRNNS, 2011). RNs are positioned to provide creative and innovative solutions that will improve client care and enhance their practice environment (CRNNS, 2014; Joseph, 2015).

   Nursing leadership can be demonstrated through positive and solution-focused behaviors and beliefs (CRNNS, 2014). CRNNS encourages RNs to partner with their healthcare agency in leading and creating change through workplace initiatives as outlined in Real eNgagement. In addition, CRNNS offers programs and services that support RN leadership such as education sessions and practice consultations.

   Managers and supervisors can model leadership by being accessible, responsive and promoting environments that support staff to develop leadership qualities (CRNNS, 2011). They play an important role in engaging employees as well as encouraging and supporting leadership development.

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[1] Registered nurses also includes nurse practitioners

3. **CONTROL OVER PRACTICE AND WORK LIFE** - RNs are empowered when they participate in decisions related to polices, practice and the work environment (ARNNL, 2013). They have the knowledge and skills needed to address workplace issues (Henderson, 2010). Supporting RNs to balance their personal needs with the needs of the organization through flexible scheduling, job sharing, mutually agreed on overtime etc. when possible are some ways organizations can support this (ARNNL, 2013).

4. **PROFESSIONAL DEVELOPMENT** - Learning is a lifelong process, especially when working in a rapidly changing health care environment. Demonstrating a commitment to continuing competence at all levels of the organization helps to strengthen a QPE and is part of the standard for all RNs (CRNNS, 2015, ARNNL, 2013). Learning and then applying learning of evidence informed practice improves patient outcomes and maximizes available health care resources (Melnyk, Gallagher-Ford, Long, & Fineout-Overholt, 2014).

   Organizations can support professional development in various ways such as: providing access to evidence based information, having orientation programs, providing the support of nurse educators, enabling nurses to attend grand rounds, establishing nursing councils, supporting nursing research, supporting preceptor and mentorship relationships, and enabling staff to attend workshops.

   RNs can contribute to their personal development by becoming a preceptor or mentor, seeking management or peer feedback, reviewing evidence based articles, searching for learning opportunities and completing their required continuing competence learning plan (CRNNS, 2015). CRNNS supports RN professional development through the development of the Continuing Competence Program and by providing resources to support RN practice.

5. **ORGANIZATIONAL SUPPORT** - Building a supportive and mentally healthy workplace environment is a critical component of a QPE (Excellence Canada, 2016). Social processes that build and strengthen trust at all levels need to be established. Examples include: having effective processes to resolve professional practice issues, conducting debriefing sessions, providing RNs opportunities to participate in decisions that impact nursing, ensuring required resources are available, and establishing quality improvement processes (ARNNL, 2013).

   Innovation in nursing requires the support of the organization. RNs need to feel safe to question organizational practices and provide solutions to enhance client care and nursing practice (Joseph, 2015; Melnyk et al., 2014). Enacting mission statements, values, policies and practices that support the RN's well-being and the delivery of safe, compassionate, competent and ethical care are important. The organization needs to communicate and evaluate its expectations that staff will support QPEs (Joseph, 2015).

   Other stakeholders can influence the supports offered by the organization. Government for example can collaborate with employers and RNs to take provincial action to support quality practice environments, such as the Nova Scotia Nursing Strategy (Nova Scotia Government, 2015). Unions representing RNs can negotiate collective agreements that promote the provision of quality nursing care and the health, safety, and well-being of registered nurses.

6. **COMMUNICATION AND COLLABORATION** - Collaboration between RNs and other health care providers is key to ensuring quality client care. A positive healthy work environment is strongly influenced by how the people within the organization communicate and collaborate together. RNs and other team members need to feel their opinions are heard and valued, they are treated with respect, and that policies and procedures are followed by all (ARNNL, 2013; Hepp et. al., 2014, CRNNS, 2011).

If Your Work Situation Does Not Reflect a QPE

There could be times when RNs feel conditions in their workplace make it difficult to provide safe, compassionate, competent and ethical nursing care. You might be questioning if you are able to meet your standards of nursing practice or code of ethics or if patient safety is at risk.

If this is the case, you are likely facing a practice issue. These situations can be challenging to address and to help you work through a situation like this, CRNNS has developed a Resolving Professional Practice Issues Toolkit for Registered Nurses . You can also contact a CRNNS Practice Consultant for additional support.

Conclusion

A quality nursing practice environment is linked to a healthy workplace. Establishing and maintaining a QPE is a shared responsibility, requiring support and action at all levels of administration, all health team members and various stakeholders.

Evidence demonstrates that a quality practice environment is critical to maximize client outcomes and professional nursing practice. Quality nursing practice environments help ensure a healthy workplace and a safer healthcare system with all members of the health team working together to provide optimal client care.

References

Aiken, L.H., Sermeus, W., Van den Heede, K., Sloane, D. M., Busse, R., McKee, M., Bruyneel, L., Rafferty, A.M., Griffiths, P., Moreno-Casbas, M.T., Tishelman, C., Scott, A, Brzostek, T.,Kinnunen, J., Schwendimann, R., Heinen, M., Zikos, D., Sjetne, I. S., Smith, H. L., & Kutney-Lee, A. (2012). Patient Safety, satisfaction, and quality of hospital care: Cross Sectional surveys of nurses and patients in 12 countries of Europe and the United States. *British Medical Journal, 334*, 1-14. Doi: 10.1136/bmj.e1717.

Association of Registered Nurses of Newfoundland and Labrador, (2013). *Quality professional practice environment standards*. Retrieved from http://www.arnnl.ca/sites/default/files/QPPE_Standards_2013.pdf

Canadian Nurses Association, (2010). *Ethics, relationships and quality practice environments*. Retrieved from https://www.cna-aiic.ca/~/media/cna/page-content/pdf-en/ethics_in_practice_jan_2010_e.pdf?la=en

CRNNS, (2015). *Continuing Competence Guidebook*. Retrieved from http://crnns.ca/wp-content/uploads/2016/01/CRNNS-Continuing-Competence-Program-2015.pdf

CRNNS, (2014). *Together We Can -College's Response to Real eNgagment for Real Action Report* Retrieved from http://crnns.ca/wp-content/uploads/2015/02/Final-report-Real-Engagement.pdf

CRNNS, (2017). *Resolving professional practice issues: A toolkit for Registered Nurses*. Retrieved from http://crnns.ca/supporting-your-practice/resolving-professional-practice-issues/

CRNNS, (2017). *Standards of Practice for Registered Nurses*. Retrieved from http://crnns.ca/wp-content/uploads/2015/02/RNStandards.pdf

Excellence Canada Website (2016). Available at https://www.excellence.ca/en/home/

Hepp, S., Misfeldt, R., Lait, J., Armitage, G., & Suter, E. (2014). Organizational factors influencing inter-professional team functioning in primary care networks. *Healthcare Quarterly, 17*(2), 57-61

International Council of Nurses (ICN), 2007. *Positive practice environments: Quality workplaces = quality patient care information and toolkit*. Retrieved from http://www.icn.ch/images/stories/documents/publications/ind/indkit2007.pdf

Joseph, M. L., (2015). Organizational culture and climate for promoting innovativeness. *The Journal of Nursing Administration, 45*(3), 172-178.

Melnyk, B., Gallagher-Ford, L., Long, L. & Fineout-Overholt, E. (2014), The establishment of evidence bases practice competencies for practicing registered nurses and advanced practice nurses in real-world clinical settings: Proficiencies to improve healthcare quality, reliability, patient outcomes, and costs. *Worldviews on Evidence Based Nursing*, 11(1), 5 – 15.

Nova Scotia Department of Health and Wellness, (2015). Nova Scotia Nursing Strategy, 2015. Retrieved from http://novascotia.ca/dhw/nurses/documents/Nursing-Strategy-2015.pdf

Warshawsky, N, & Havens, D, (2011). Global use of the practice environment scale of the nursing work index. *Nursing Research and Practice, 60*(1): 17-31.